PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **P97000070945**

1. Corporation Name

OPV DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1200 N OCEAN BLVD POMPANO BCH FL 33062 US	1200 N OCEAN BLVD POMPANO BCH FL 33062 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1460 S. OCEAN BLVD	1460 S OCEAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO Beach, FL	City & State: POMPANO BOAT FL
Zip: 33062 Country: BROWARD	Zip: 33062 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 06/14/1997

5. FEI Number: 65-0766059 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	~~DEHAVEN, J W~~ LEONARD H. GROSS	~~10805 C MAUMELLE BLVD~~ 13050 Bridgepark Ave.	~~MAUMELLE AR 72113~~ BONITA SPRINGS FL 34135
S/T/D	~~TODD, M G~~ ASHLEY B. BLOOM	~~25550 HAWTHORNE BLVD, 207~~ 5533 PACIFIC BLVD	~~TORRANCE CA 90505~~ BOCA RATON, FL 33433
~~VAES~~ VP/DC	~~CONDR, R J~~ HOWARD BLOOM	~~1200 N OCEAN BLVD~~ 1756 EAGLE TRACE Blvd West	~~POMPANO BCH FL 33062~~ CORAL SPRINGS, FL 33065
~~VP~~ VP	~~PAES, B R~~ DIANE BLOOM	~~7410 TOLTEC DR~~ 1756 EAGLE TRACE, Blvd West	~~N LITTLE ROCK AR 72116~~ CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

~~WALLACK, MICHAEL M ESQ~~
~~2055 WOOD STREET~~
~~SUITE 215~~
~~SARASOTA FL 34237~~

9. Name and Address of New Registered Agent

Name: LEONARD H. GROSS
Street Address (P.O. Box Number is Not Acceptable): 13050 BRIDGEPARK AVE
Suite, Apt. #, Etc.:
City: Bonita Springs State: FL Zip Code: 34135

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REQUIRED Date: 11/15/99
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] REQUIRED 11/15/99 941-947-7076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #